

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003172

1. Corporation Name

JEFFREY D. SHEARER, O.D., P.A.

Principal Place of Business

9978 BAYMEADOWS RD
STE 3
JAX FL 32256
US

Mailing Address

9978 BAYMEADOWS RD
STE 3
JAX FL 32256
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

59-3349705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHEARER, JEFFREY D	9978 3 BAYMEADOWS RD	JACKSONVILLE FL 32256

200008790542

11704702--01096--022 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

TOUSEY, CLAY B JR.
ONE INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (802)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-31-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

904-641-3937

Daytime Phone #

Jeffrey D. Shearer, O.D., P.A.

9978 Baymeadows Rd Ste 3 Jacksonville, FL 32256
904-641-3937

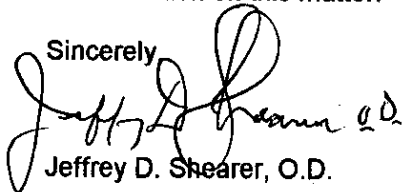
10-31-2002

Florida Department of State
Jim Smith, Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please accept this letter as a request to reinstate my corporation, "Jeffrey D. Shearer, O.D., P.A.", and to waive the reinstatement fee for the CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT. I did not receive the prior UBR notices. Per your instructions, I am enclosing a check for \$150.00, to file the report without penalty, and the completed reinstatement request. Thank you for your consideration on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey D. Shearer O.D.", written over the word "Sincerely,".

Jeffrey D. Shearer, O.D.

President of Jeffrey D. Shearer, O.D., P.A.